Hospital of the University of Pennsylvania

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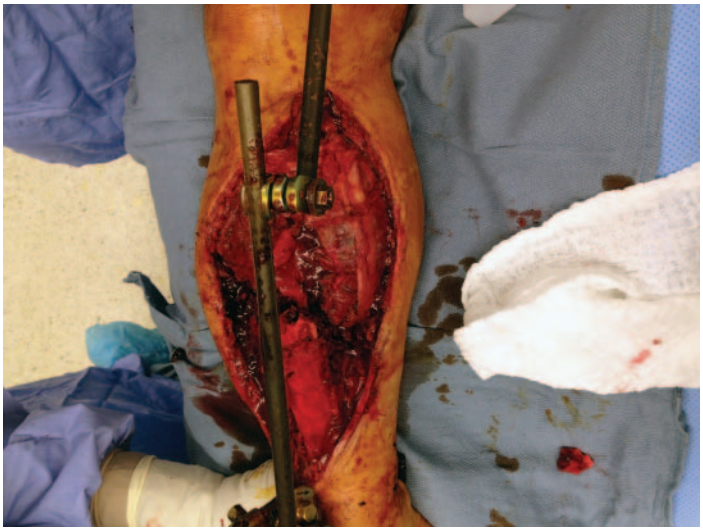
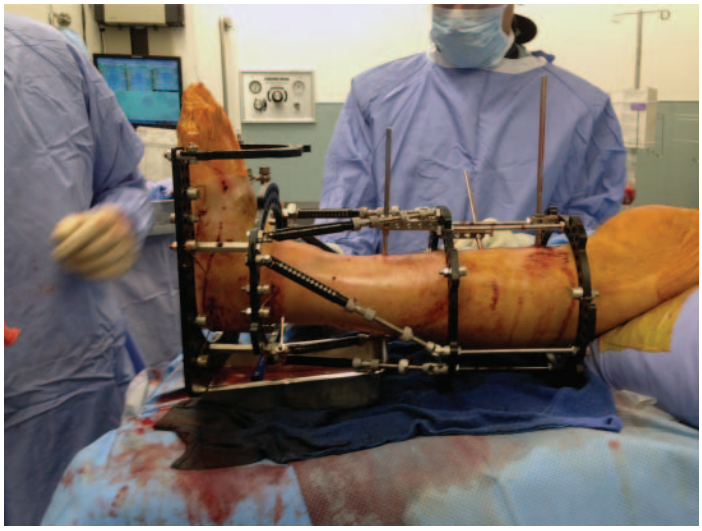
February 5, 2015 - the premier Level I Trauma Center at Penn will have a new home on that date when HUP will close its doors as a Level I Designated Trauma Center, and the University of Pennsylvania Health System will relocate all of its trauma and injury services to the Penn Presbyterian Medical Center campus and the new Acute Care Pavilion.

As I write this, I realize that this will be the last "HUPdate" I will be writing. I am sure the resident editors of *UPOJ* are thrilled since I am chronically behind and submit these at the last minute. I will be handing over those reigns to Drs. Weber and Baldwin, who will remain at HUP and continue to build the Orthopaedic Oncology and Neuro-Orthopaedics Services, respectively. Dr. Weber has already made a tremendous difference by bringing a team-based approach to the care of these patients. And she has made a tremendous impact on the resident education component of orthopaedic oncology.

I think back for a moment at the history of the Orthopaedic Trauma Service at HUP, with names and faces like Bruce Heppenstall, Bill DeLong, Chris Born, and John Esterhai. I think of ALL of the residents who have passed through these halls doing orthopaedic trauma, learning to take care of some of the worst injuries in the region, and recognizing HUP as a leader when it comes to care of the injured. I think of all the conferences and case presentations in Ralston Library. I think of my own education when I was in awe of what the human body could endure.

I also recognize the building of a culture over the past several decades in taking care of those who are injured and less fortunate. I recognize the effort put forth by the residents, the mid-level providers, the office staff, the nurses, and all the teams that make trauma "go." One of the most unique aspects of trauma care is that it truly is a team effort.

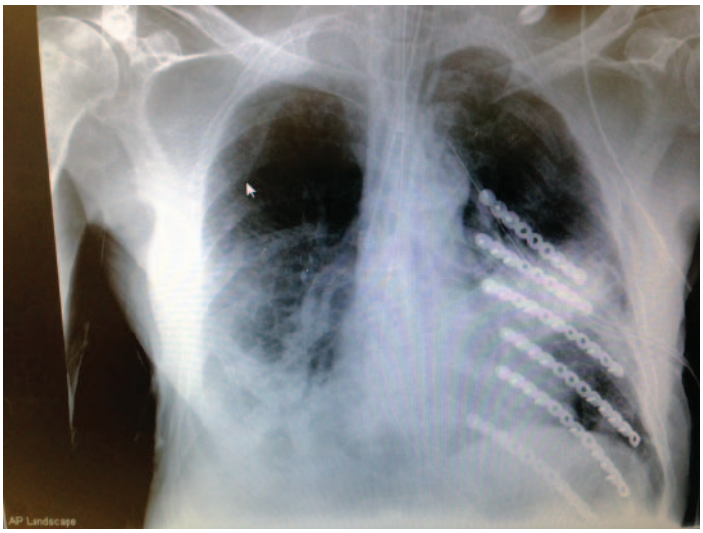




As we plan to leave HUP, I look back at the state of the Orthopaedic Trauma and Fracture Service. I can truly say that any success we have had has been on the shoulders of giants, including our leadership. Clinically, orthopaedic trauma volume has increased 26% over the last five years, but with the addition of Derek Donegan, we have room to grow. In addition, we have two skilled mid-level providers on the outpatient side (Ms. Katie Marine and Mr. Scott Day) and, of course, Adele Hamilton, NP, on the inpatient side, who has been with us for seven years and continues to excel in her role. We are looking to grow with an additional mid-level provider. The Orthopaedic Trauma Service has also expanded its clinical skill set through the work of Dr. Ahn on deformity correction and through our combined efforts with general trauma on rib fracture fixation in our traumatized patients. I would also argue that we also boast the best extremity soft tissue service lines in the country with Drs. Levin and Stephen Kovach. Our ability to manage open fractures is second-to-none.

In addition, the Orthopaedic Trauma and Fracture Service has continued to grow its clinical research efforts through the work of Kelly McGinnis and Patrick Hesketh as our clinical research coordinators for orthopaedic trauma in conjunction with Dr. Annamarie Horan, director of our clinical research efforts. Through their combined efforts, the Orthopaedic Trauma Service continues to be a departmental leader in prospective funded studies.

The Orthopaedic Trauma and Fracture Service has been working diligently on an international component, which came to fruition through the support of the Biedermann



family. Through their generous gift, we were able to send multiple residents and faculty to Managua, Nicaragua via Health Volunteers Overseas. The experience was nothing short of remarkable.

Over the last decade, orthopaedic trauma has "come of age." At its most basic level, the care of the traumatically injured patient is at the core of being an orthopaedist. The ability to deliver care to this unique and often underserved patient population is also at the heart of being a physician. However, being a successful Level I Trauma Center is centered on the concept of the "team." At a macroscopic level, the team consists of hospital administrators, physicians, nursing staff, and tangible structures (like ICUs and Resuscitation Bays) coming together to create an environment to care for those who sustain traumatic injuries and put into place mechanisms which will facilitate this process.

Upon this foundation, Level I Trauma Center triage and care requires intense interaction not only outside our department but also within. Our very busy rotating night and weekend call schedule best demonstrates our collegiality and depth of caring for one another within our department. With an increased eye toward outcomes and quality improvement, we have started to "close" the call system and deliver care based on algorithms for various injury patterns. Several of the non-trauma faculty share call, 24/7/365, at no small personal sacrifice, to meet the burden of emergency orthopaedic care for our region.

Each of us who works with patients with these difficult injuries realizes that it is not our personal skill that cures. Year after year, participating in the care and watching the healing is a humbling experience. We are reminded of how truly lucky we are and how important the "team" is in making this a reality.

PENN Orthopaedic Trauma